

Request for Disproportionate Share Hospital (DSH) Data
Under 65 Federal Register Notice 50548-01, August 18 2000

Requestor Information:

Institution Name _____
Provider Number _____
Case Number _____
Address _____

Contact Name _____
Contact Title _____
Phone _____
E-mail _____

Fiscal Intermediary Contact Information

FI Name _____
Contact Name _____
Phone _____
E-mail _____

Data Custodian Information: If you require the data to be sent to another organization which is acting on your behalf, such as a law firm, you must fill out the information below to indicate to whom the data will be released.

Company Name _____
Address _____

Contact Name _____
Contact Title _____
Phone _____
E-mail _____

Data Extract Specifications:

Provider number (s) _____
Months/Years _____

Authorization:

Signature of Provider Representative: _____
Title: _____
Date: _____